

## Community Pathways – Draft Proposal

Service Type: Other

Service (Name): **SHARED LIVING - COMPANION**

Alternative Service Title:

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

### Service Definition:

- A. Shared Living Companion service is an arrangement in which a participant shares their home and life's experiences with an individual. It emphasizes the long-term sharing of lives, forming of caring households, and close personal relationships between a participant and their roommate.
- B. A Shared Living Companion service arrangement may be in either:
1. In the participant's home/apartment; or
  2. In a shared home/apartment with a roommate.
- C. The roommate assists the participant in acquiring and maintaining the skills necessary to maximize their independence and to fully participate in community life.
- D. Shared Living Companion services may include companionship support, mentoring, and supports that the individual needs with day to day activities, to participate in community activities, and to facilitate a relationship with the individual and his/her natural family and the general community.

### SERVICE REQUIREMENTS:

- A. If individuals choose to live with housemates, no more than three individuals receiving services may share a residence.
- B. Transportation costs associated with the provision of service is covered within the rate.
- C. The Medicaid payment for Shared Living Companion services may not include either of the following items which the provider is expected to collect from the participant:
1. Room and board; or
  2. Any assessed amount of contribution by the individual for the cost of care.
- D. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).

- E. Shared Living Companion services are not available to individuals receiving supports in other residential support services models including Community Living Group Home, Shared Living Host Home, Enhanced Supervision Services, and Supported Living.
- F. Community Personal Supports are available on the agreed days the roommate is not providing services if needed.
- G. Shared Living Companion Retainer Fees is available for 30 days per year per recipient when the recipient is unable to receive services during a hospitalization, behavioral respite, family visit, etc.
- H. The program does not make payment to spouses, legally responsible individuals, or family members living in the home, including legally responsible adults of children and representative payee, for supports or similar services.
- I. Individual who lives with the participant and provides services and supports shall:
  - 1. Be chosen by the participant and reflect their preferences and desires;
  - 2. Be compensated for services provided.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

- A. Shared Living Companion services must be provided five (5) consecutive days and four (4) nights per week.
- B. Shared Living Companion Retainer Fees is limited to up to 30 days per year per recipient.

**Service Delivery Method (check each that applies)**

- ☒ Participant Directed as specified in Appendix E
- ☒ Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	For individuals self-directing services
Agency	Shared Living Provider

**Provider Category:** Individual

**Provider Type:** Individual for people self-directing services

**Provider Qualifications License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

1. Individuals in self-directing services, as the employer, determine staff specific requirements and may require additional provider requirements based on their preferences and level of needs such as:
  - a. Current first aid and CPR training and certification;
  - b. Previous experience with training on money management, time management and community resources;
  - c. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
  - d. Passing a criminal background investigation; and
  - e. Signing a self-directed provider agreement verifying qualifications and articulating expectations.
2. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.

**Verification of Provider Qualifications****Entity Responsible for Verification:**

- Fiscal Management Service providers for verification of participant specific qualifications

**Frequency of Verification:**

- Fiscal Management Services - prior to service delivery

<b>Provider Category:</b> Agency
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**Provider Type:** Shared Living Provider

**Provider Qualifications License (specify):**

Licensed Shared Living Provider as per COMAR 10.22.XX (tbd)

**Certificate (specify):****Other Standard (specify):**

Individual who lives with the participant and provides services and supports to the participant shall:

1. Be trained by the participant and/or their family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
2. Possess current first aid and CPR training and certification;
3. Successfully pass criminal background investigation;

4. Have a provider agreement verifying qualifications, articulating expectations, and service hours; and
5. Be approved by the licensed DDA agency.

### **Verification of Provider Qualifications**

#### **Entity Responsible for Verification:**

- DDA for verification of provider license
- Shared Living provider for training, background check, and provider agreement

#### **Frequency of Verification:**

- DDA - annually
- Shared Living Provider – prior to service delivery and annually